

**Government of the District of Columbia**



**Department of Corrections**

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Testimony of  
**Devon Brown**  
Director

***“The Performance of Unity Healthcare, Inc. in the  
District of Columbia Jail”***

**Joint Hearing**  
Council of the District of Columbia

Committee on Health  
David A. Catania, Chair

Committee on Public Safety and the Judiciary  
Phil Mendelson, Chair

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Room 412  
John A. Wilson Building  
1350 Pennsylvania Avenue, NW  
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Good Morning, Chairman Catania, Chairman Mendelson and members of the Committee on Public Safety and the Judiciary and the Committee on Health. I am Devon Brown, Director of the DC Department of Corrections. Joining me is my Health Services Administrator, Dr. Henry Lesansky.

I appreciate this opportunity to appear before you today to present testimony on the performance of Unity Healthcare, Inc., as it relates to the provision of medical and mental health services to inmates in the custody of DC Department of Corrections. Last fiscal year the Department of Corrections processed more than 19,000 individuals in and out of its detention system. At a minimum, on any given day approximately 3,000 pre-trial and sentenced inmates are detained in Department custody. These individuals are housed at the Central Detention Facility (DC Jail), which is the District's primary adult correctional institution; the Correctional Treatment Facility (CTF), a private detention facility operated by Corrections Corporation of America and under exclusive contract to the Department; and four (4) private halfway houses. The Department of Corrections is responsible for promoting public safety through the maintenance of a safe, orderly and secure correctional environment while

ensuring the provision of adequate medical and mental health services to its detention population. These services include medical, dental, and mental health screenings, assessments, and treatment. The care that we provide meets all constitutional standards and professional guidelines.

In October 2006, the Department of Corrections changed its inmate medical program, embarking upon one that provides a community-oriented model of healthcare. The change resulted in a newly formed partnership with Unity Healthcare, Inc., one of the area's largest networks of health care centers for the economically challenged population of the District. Through this arrangement Unity became the sole provider of an extensive and comprehensive healthcare continuum for the District's inmates, which includes primary, specialty, emergency and hospital care. The partnership between the Department of Corrections and Unity Healthcare to administer such an innovative approach to inmate healthcare reflects the District government's vision for a healthy city.

As part of the transition, the Department assumed full responsibility for all health related information technology support including software, hardware and communications infrastructure. This change to a community-

oriented model of healthcare has resulted in an improvement in the planning, monitoring and service delivery of the agency's inmate health services.

I am particularly encouraged by the partnership, the collaborative manner in which we have approached and addressed the challenges that are naturally inherent in a transition of this magnitude, and the accomplishments that have resulted to date from this union. The Unity contract has 202 budgeted positions, of which 182 are reportedly filled. The Unity Healthcare team is situated on site at the Central Detention Facility and Correctional Treatment Facility to identify and develop treatment planning and service delivery for diagnosed diseases as well as at community based health centers. As many of these healthcare providers also spend considerable time working in community health centers, the likelihood is thereby increased that continuity of care between incarceration and return to the community is maintained.

With respect to this situation, discharge planning is an extremely important part of the program that begins at the point of intake to the correctional facility. Discharge planners actually see 100 percent of the inmates that are sent to the jail. Within the first 24 hours of admission, the inmate is seen by a Unity discharge planner, who collects baseline data to

assist in determining the potential needs of the individual upon release including housing, employment, food, and clothing assistance. Among the other services provided by the discharge planner are information about Unity and other health clinics, how to make a follow-up appointment at a Unity health center or other center of the inmate's preference, and enrollment application for Medicaid.

Unity plays an integral role in the implementation of a number of health related initiatives. Their collaboration with other entities that share an interest in correctional/criminal justice will significantly enhance the capacity of these organizations and their overall effectiveness in the delivery of services to inmate. The Department's measures to specifically address the HIV pandemic are reflective of our overall efforts to improve the health of those entering and leaving our gates. Our automatic HIV/AIDS initiative implemented in conjunction with the Department of Health has received widespread acclaim and has served as a catalyst for the introduction of legislation to create similar programs by state and local governments across the country in their efforts to control the spread of this devastating illness. Most recently our program was used as a model by Congresswoman Maxine Waters in proposing legislation for HIV testing of all inmates in the Bureau

of Prisons. In addition, the Reverend Jesse Jackson, who recently launched a nation-wide campaign urging testing for HIV, recently visited the DC Jail to observe the Department's HIV testing program and extolled our pioneering approach. The Honorable Eleanor Holmes Norton has also demonstrated her support of our efforts, and praised the contributions that inmates who are serving as peer educators are making in increasing HIV awareness.

Other examples of the outstanding recognition that we are receiving for our efforts include:

- The John Jay College of Criminal Justice, the leading institution of higher learning for the study of criminal justice, will be conducting a research evaluation of our healthcare model through a grant by the prestigious Robert Wood Johnson Foundation.
  
- The Department of Justice, pursuant to the Residential Substance Abuse Treatment for State Prisoners Act (RSAT), awarded the Department a grant in the amount \$288,000. DOC will collaborate with Addiction Prevention Recovery Administration (APRA) to implement "Progress Toward Improvement," a Modified Therapeutic Community of 60 beds (40 males and 20 females) to provide

substance abuse services for up to 500 inmates annually. Unity Healthcare will provide day-to-day services and administration of the program including dually-supervised case management with APRA. Unity will make application for certification of the program with technical assistance provided by APRA.

- A grant proposal has been submitted by the Department in partnership with the Women's Wing Organization (WWO) to the U.S. Department of Health for \$1.6 million (\$400,000 each year) to enhance community healthcare services for HIV-positive female inmates and their minor children. The Department of Corrections also plans to request that the John Jay College of Criminal Justice conduct the research component of this grant, if awarded. By means of this demonstration grant, the District of Columbia Department of Corrections will serve as a national model in its approach to the identification and treatment of HIV/AIDS within correctional environments.

The Department's partnership with Unity Healthcare has also resulted in

improved healthcare protocols as it relates to correctional healthcare policy and staff training.

The quality of care has increased as well as the continuity of care in the community. The Department of Corrections is confident that this new model will improve healthcare for inmates while simultaneously improving public health outcomes by aligning the goals of public safety and public health.

In conclusion, I leave you with these observations made in 1929 by the “National Society for Penal Information” as conveyed in a publication entitled, *Health and Medical Service in American Prisons and Reformatories*, by F.L. Rector:

“Viewed from whatever angle, whether social, economic, administrative, or moral, it is seen that adequate provision for health supervision of the inmates of penal institutions is an obligation which the state cannot overlook without serious consequences to both the inmates and the community at large.”

These resounding words are as true today as when written over 7 decades ago. Their message remains penetrating and highly compelling in its conveyance that the health of our nation shall be greatly influenced by the manner in which we address our prisons.

Thank you again for this opportunity to testify before you today. I would be pleased to answer any questions that you may have.

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